POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	m . 6		2/15/00
O.I.P.E. CLASSIFIER	1	-	2-29-00
FORMALITY REVIEW	11, M.	7/1-28	2 2
RESPONSE FORMALITY REVIEW	M.M.	71229	11-7-00
			7, 7, 00

## **INDEX OF CLAIMS**

~	Rejected	Ν	Non-elected
=	Allowed	1	Interference
-	(Through numeral) Canceled	Α	Appeal
÷	Restricted	0	Objected

÷ Restricted 0 Objected									
Claim Date	Claim	Date	Claim	Date					
Final Final Conginal Confidence C	Final Original		Final						
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5 7 7	55		105	<del>                                     </del>					
6 7 1	56		106	<del>                                     </del>					
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B J N N N	58		108						
A V P N N N	59		109						
10 41 777	60		110						
12	61		111 .						
	62		112						
13	63		113						
14	64		114						
15	65		115						
16	66		116						
_ 1 _	67		117						
8	68		118						
19 / 1   1	69		119						
20	70		120						
21	71		121						
22	72		122						
23	73 .		123						
24	74		124						
25	75		125						
26	76		126						
27	77		127						
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30 31	80		130						
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43	93		142	+++++					
44.	94			<del></del>					
45	95		144	<del></del>					
46	96	<del>├╍╎╸╎╶╎╶</del> ┤	146	<del></del>					
47	97	<del>                                     </del>	147	<del>-                                     </del>					
48	98	<del>                                     </del>	148	<del></del>					
49	99	<del>-                                     </del>	149	<del></del>					
50	100		150	<del>                                     </del>					
	1	<del></del>	<u>- 1.24 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1</u>	<del></del>					

If more than 150 claims or 10 actions staple additional sheet here

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